LETTERS *to the Editor*

Quality of Care

CONGRATULATIONS on the excellent symposium on virology appearing in your May issue. Many practicing physicians throughout the country will read this symposium and, as a result, many patients will benefit. Is it reasonable to observe that the symposium is one of the many intellectual products of our free enterprise system?

To maintain that system and to sustain its milieu will be indeed difficult if proposed federal legislation is passed. Indeed, the latter would place many practicing physicians in an intolerable dilemma. As members of the AMA they know that section 6 of the Principles of Medical Ethics reads: "A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill, or tend to cause a deterioration of the quality of medical care." They likewise know that the proposed legislation will do exactly that.

What shall be our policy? To look after the needy elderly (as at present) and to refuse to accept governmental payments or otherwise officially partake of the new scheme? Comments from your readers should be of interest and guidance in establishment of statewide policy.

L. H. GARLAND, M.D.

Human Pasteurellosis

Activation of Interest in Some Latent Problems

CLASSIC CONSIDERATION of human infections due to members of the genus *Pasteurella* is concerned with plague *(P. pestis)* and tularemia *(P. tularensis)*. There have been extensive investigations on plague and tularemia in the U.S. and elsewhere in the world which now provide excellent clinical and epidemiologic pictures of these two diseases.

However, there are at least four other species of *Pasteurella (hemolytica multocida, pneumotropica,* and *pseudotuberculosis),* known human pathogens, for which we have little or no understanding of their clinical importance or epidemiologic patterns. Each species has been recovered from a variety of domestic and sylvatic animal reservoirs and each is, to some degree, a veterinary medical problem. Although a measure of the importance of these diseases in domestic animals in the United States is available from U.S. Department of Agriculture statistics, no comparable morbidity figures are reported for man. The occasional case reports that are published indicate, nevertheless, that a problem exists. The question remains, "how extensive is the problem?"

The first human infection due to *P. multocida* to be reported (1913) was a case of puerperal fever. Numerous cases have been reported since, involving respiratory tract infections, appendicitis, bite-wound infections, as well as other forms.[1]

Until the 1950's, cases of *P. pseudotuberculosis* infection were considered rare, with less than 20 reports of fatal septicemia appearing in the literature. Recently, however, several hundred cases of mesenteric adenitis, often confused with acute appendicitis, have been observed primarily in Europe. In addition, recent cases of erythema nodosum as well as other forms have been described. Furthermore, *P. pseudotuberculosis* is of considerable importance as a source of diagnostic confusion due to the many cultural and biochemical characteristics that this organism shares in common with *P. pestis.*[2]

One case of *P. hemolytica* infection simulating ulceroglandular tularemia has been reported.[3] Atypical strains of *P. hemolytica* have been isolated from the respiratory tract[4] and from a case of endocarditis.[5] A number of isolations of *P. pneumotropica* have been obtained from the respiratory tract.[6]

No assessment of the importance of these agents as causes of disease in man in the United States can be made unless clinical and laboratory data can be accumulated. As a step in the right direc-